

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
O.I.P.E. CLASSIFIER	MJW	50	02-10-01
FORMALITY REVIEW	LCK	1034	3-9-01
RESPONSE FORMALITY REVIEW	MD	JGJ	02/01/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/10/01
2	✓	✓	10/10/01
3	✓	✓	10/10/01
4	✓	✓	10/10/01
5	✓	✓	10/10/01
6	✓	✓	10/10/01
7	✓	✓	10/10/01
8	✓	✓	10/10/01
9	✓	✓	10/10/01
10	✓	✓	10/10/01
11	✓	✓	10/10/01
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14	✓	✓	10/10/01
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16	✓	✓	10/10/01
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If more than 150 claims or 10 actions  
staple additional sheet here

10/10/01

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